Adaptive Disclosure

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What is Adaptive Disclosure?

- 6-session intervention developed for Marines with combat stress injuries / PTSD.
- A hybrid and extension of CBT
- 4 sessions of exposure and an optional modified empty chair technique to activate and process emotions and meanings
- Designed to target life-threat, traumatic loss, and moral injury (shame, guilt, inner-conflict)

The Goals of Adaptive Disclosure

- Plant healing seeds
- Make beliefs explicit so they can be examined
- Modify negative expectations about disclosure
- Reclaim goodness and self-worth
- Acceptance of legacy of experiences and hope
- Promote self-efficacy about inevitable periods of painful recall of combat trauma

What makes AD different?

Evidence-based CBT for PTSD:

- Primarily developed and tested on civilian women with sexual assault or older veterans with chronic PTSD.
  - Prolonged exposure chiefly targets fear
  - CPT is chiefly cognitive therapy
- Effect sizes in treatment trials with veterans are consistently smaller: V**eterans may have different treatment needs**.

Military Validity

- AD is designed to be respectful of the Marine Corps ethos and culture
- AD targets the unique phenomenology and lasting impact of combat and operational stress
- Approach is informed by the stress continuum model and doctrine
- Care model is brief

Treatment Comparison

	Adaptive Disclosure	Prolonged Exposure	Cognitive Processing Therapy
Number of sessions	6	8-15	12
Homework	Limited/Optional	In vivo exposures	Extensive/Required
Purpose of exposure	Activate emotional processing of event; unearth meaning	Extinction of conditioned fear	Uncover problematic beliefs related to trauma
Grief/Moral Injury	Targeted directly	Loss addressed	Indirectly
Goals	Acceptance, relief, confession and feedback, dialogue about meaning and implication moving forward	Extinguish fear and reduce avoidance	Challenge maladaptive beliefs and encourage their modification through counterfactual dialogue

Session Focus

Six consecutive 60-90 minute sessions

Session 1:

1. Assessment of functioning and how it has changed as a result of deployment

2. Introduce Adaptive Disclosure

   Goals are not symptom reduction as much as:

   - Providing an example of **how change can occur**
   - Helping come to terms with **meaning and implication of trauma**
   - Learning that **approaching painful material** is possible and even desirable
   - **Accepting**, but not being defined by negative aspects of deployment
   - Reclaiming good parts of self
   - Chip away at **rigid interpretations** of events

Session Focus

Session 1 - continued

3. Psychoeducation about Combat and Operational Stress Injury

4. Identify traumatic event to focus on.

5. Assign Impact Statement (how do you think about and explain this troubling event)
   - Why did the event happen to you?
   - How has it changed your views about yourself, others, the world?

Session Focus

Session 2 – 5

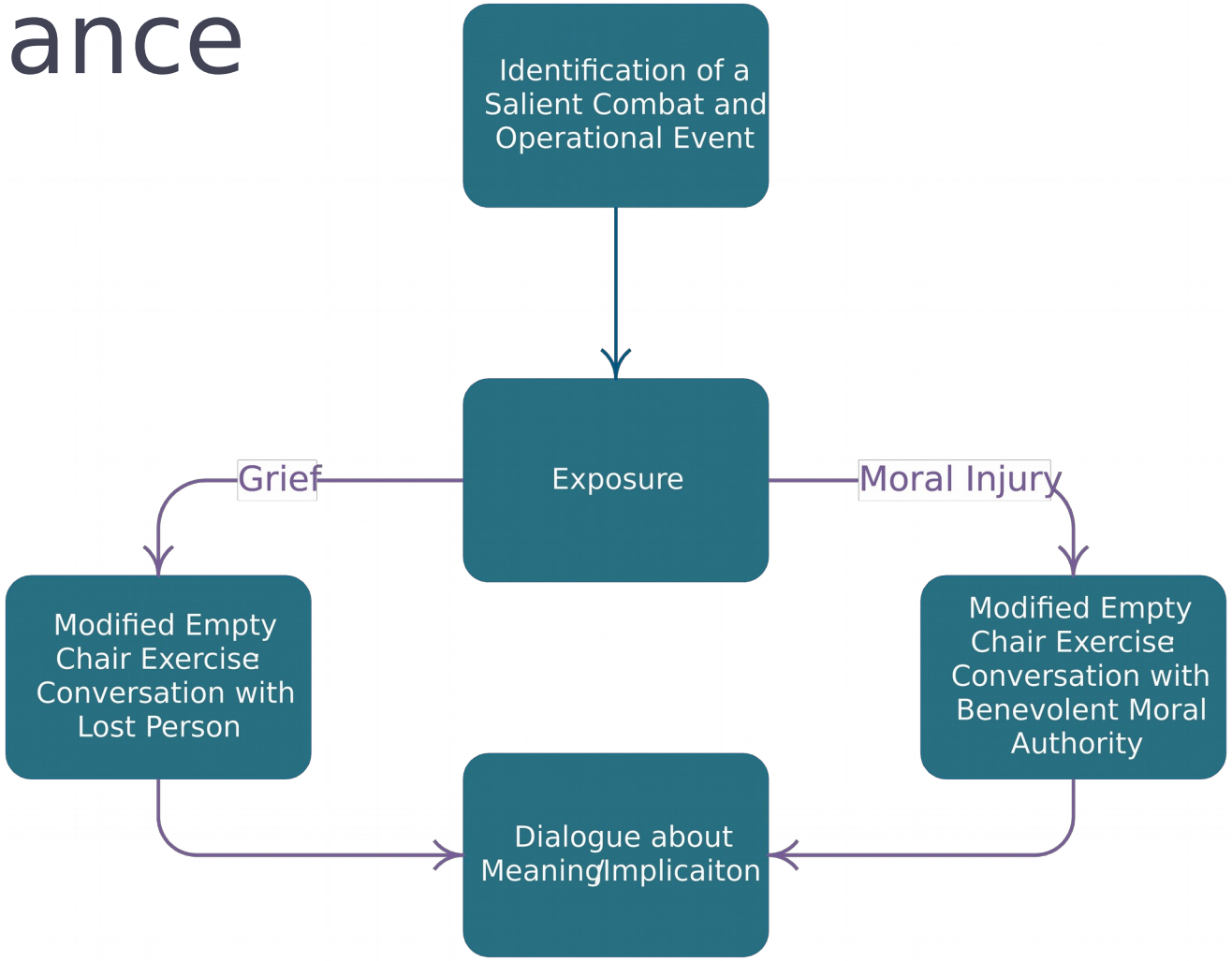
1. Review Impact Statement (Session 2 only)

2. Exposure (20-30 minutes)

3. Processing appraisals and meaning of event
   - Implications of the event to you?
   - Why is this event particularly difficult?
   - Ways you are changed as a person?
   - Grief? Guilt?
   - Black and White thinking?

4. Empty Chair Exercise – **Grief** or **Moral Injury** versions
   Choose relevant person:
   - What would you say to him/her?
   - What would he/she say to you?

Adaptive Disclosure at a Glance


Identification of a Salient Combat and Operational Event
Exposure
Grief
Moral Injury
Modified Empty Chair Exercise Conversation with Lost Person
Modified Empty Chair Exercise Conversation with Benevolent Moral Authority
Dialogue about Meaning/Implicaiton

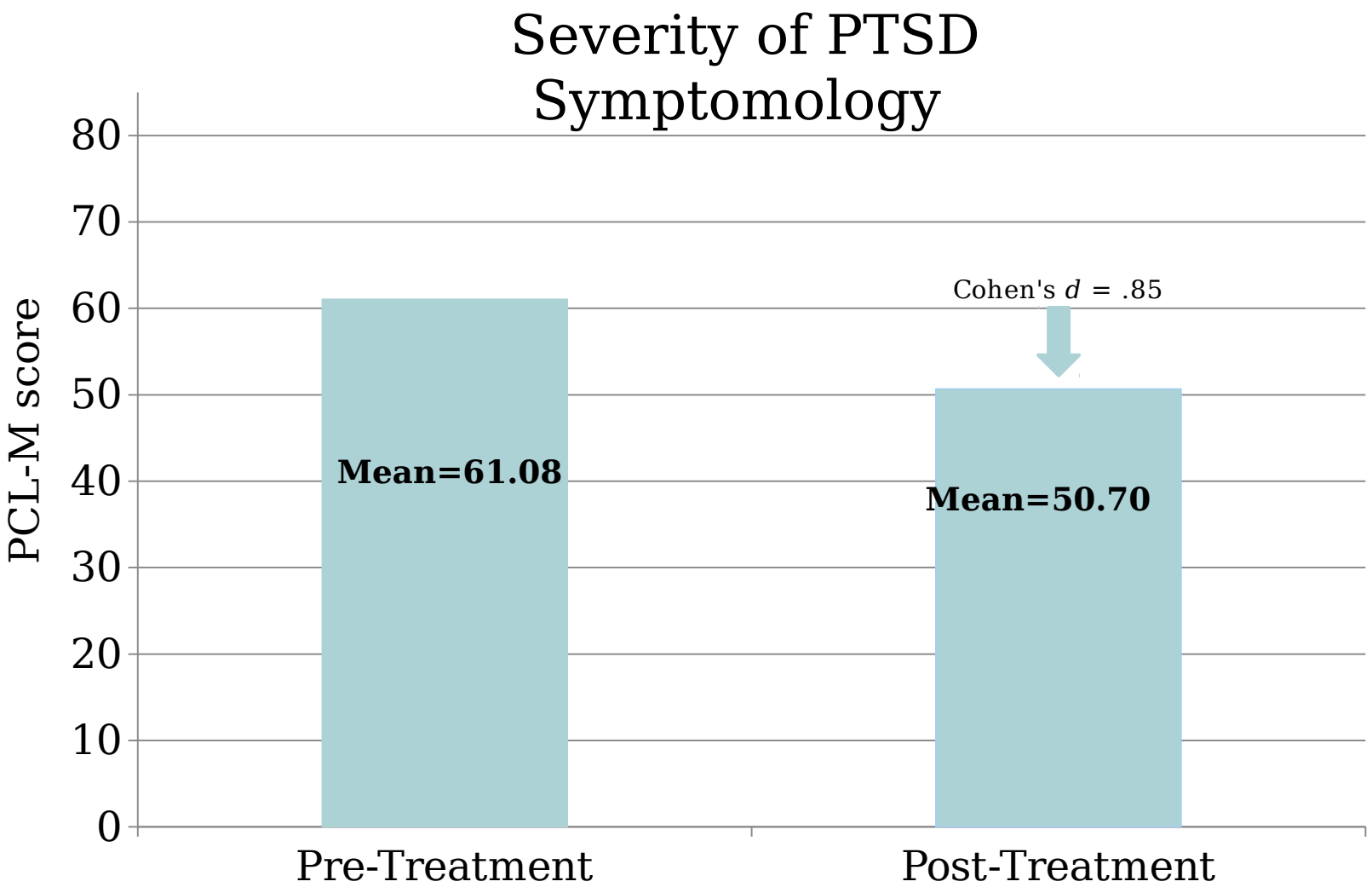
Session 6

1. Review Progress
   - Praise for effort
   - What have you gotten out of this?
   - What will you take from our work together?
   - How do you feel about your ability to continue this work after leaving here?
   - Areas to work on
   - Triggers
   - Self – Care
   - Social Reattachment

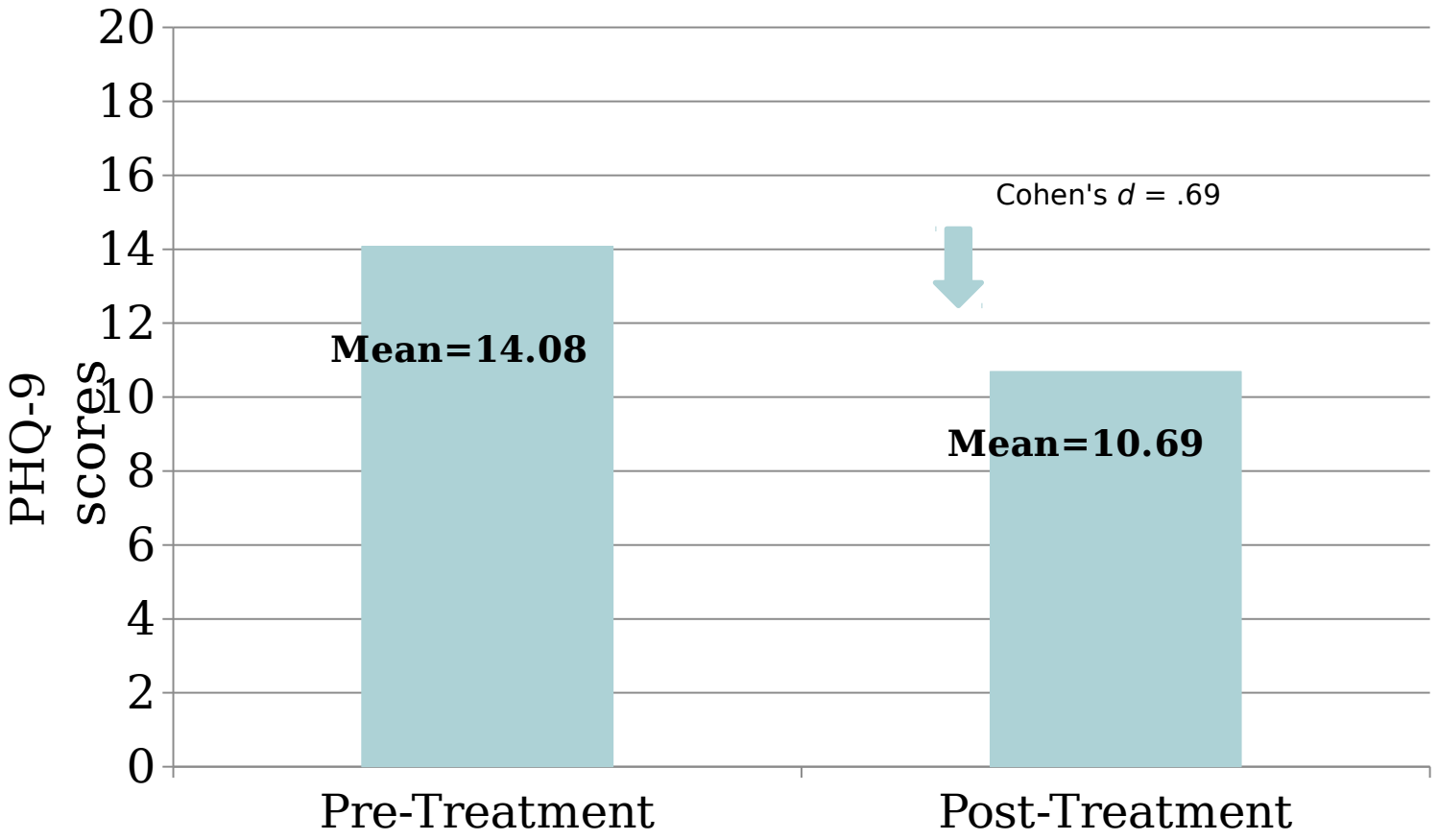
2. Final Assessment

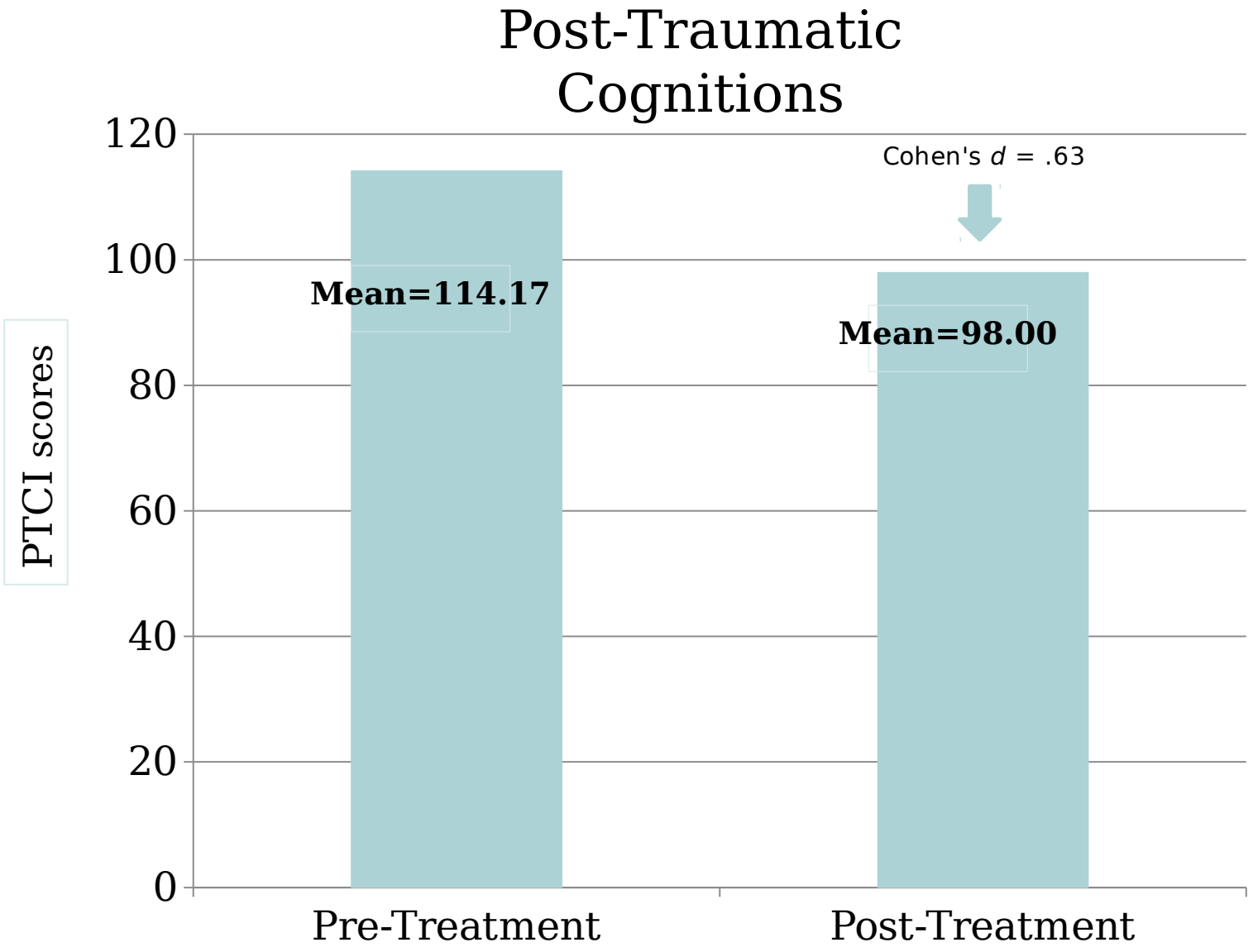
Open Trial Results

- **Recruitment and Retention**
  - 65 Marines and Navy Corpsmen completed AD.
  - 23 dropped out after beginning treatment
  - 8 were deemed inappropriate for AD and discontinued for clinical reasons, and
  - 4 were relocated and unable to continue.
  - Drop-out rate is lower than traditional cognitive-behavioral therapies (~30%)
- **Assessment**
  - Comprehensive questionnaires prior to Session 1 and after Session 6 and modified (shorter) questionnaires at sessions 2-5.
  - Measuring symptoms, attitudes, and behaviors compromised by combat stress injuries.

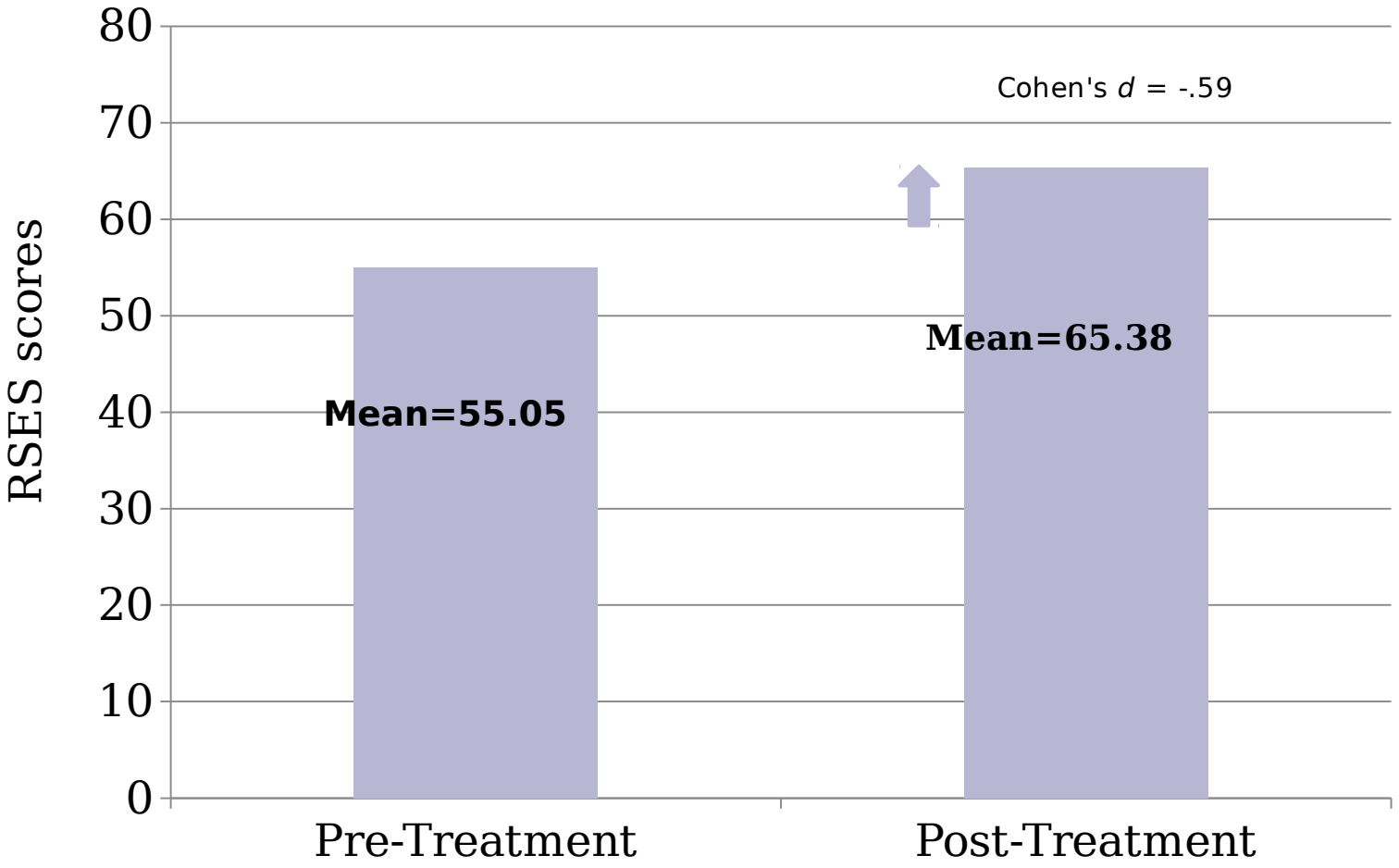

Severity of PTSD Symptomology
PCL-M score
80
70
60
50
40
30
20
10
0
Cohen's d = .85
Mean=61.08
Mean=50.70
Pre-Treatment
Post-Treatment

Severity of Depressive Symptomotology

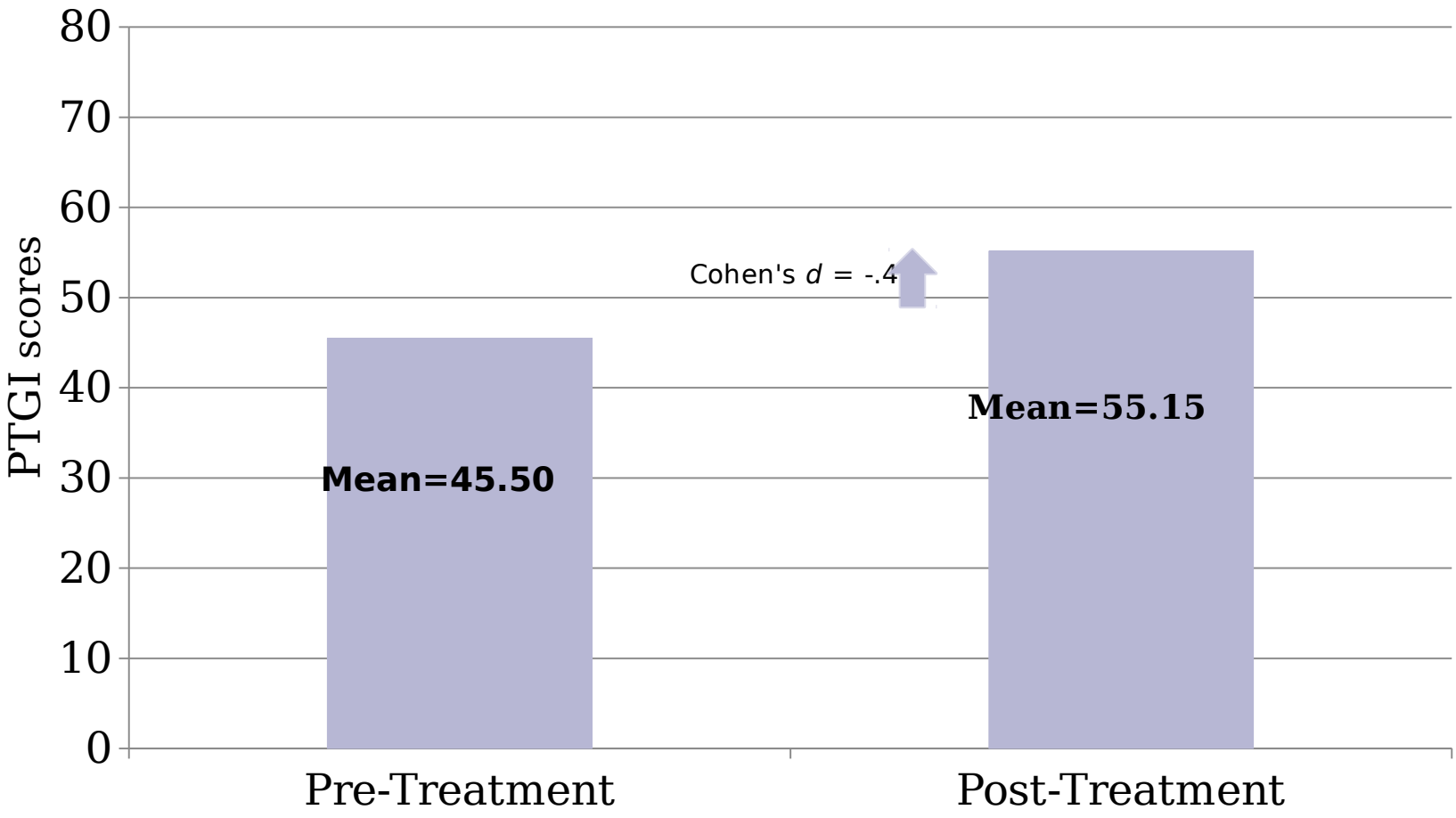



Post-Traumatic Cognitions
PTCI scores
120
100
80
60
40
20
0
Cohen's d = .63
Mean=114.17
Mean=98.00
Pre-Treatment
Post-Treatment

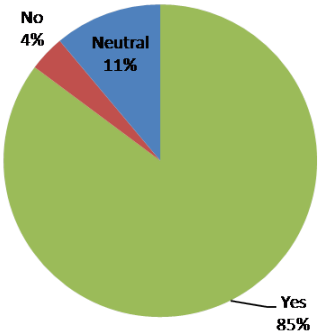
Resilience


RSES scores
80
70
60
50
40
30
20
10
0
Cohen's d = -.59
Mean=55.05
Mean=65.38
Pre-Treatment
Post-Treatment

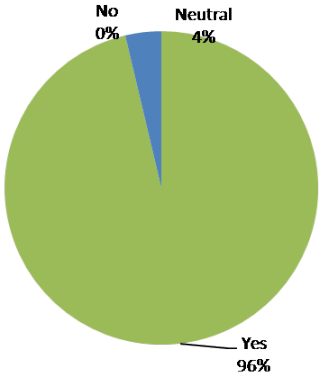
Post-Traumatic Growth



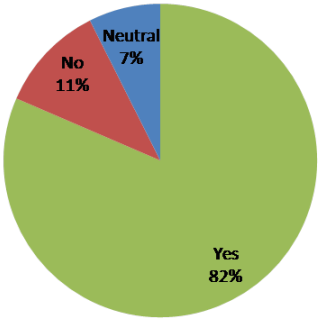
Would you use this treatment in the future?



Would recommend this treatment over other treatments?



Did the treatment help to resolve emotional issues?



Was this treatment generally helpful?